

Public Health – Seattle & King County
Eastgate District Health Center
14350 SE Eastgate Way, Bellevue, WA 98007 (206) 296-4932

PUMPER BUSINESS OWNER APPLICATION FOR CERTIFICATE OF COMPETENCY

Complete application and submit with appropriate fees (See Part:IV below)

PART I – Company Information

Business Name: _____ Total Number of Vehicles = _____
Business Location: _____ Total OSS Pumper Employees = _____
Business Mailing Address: _____
Business Phone: () _____ Fax: () _____
e-mail Address if applicable: _____
Full Name of Business Owner : _____
Place of Residence/Address: _____
Washington State Contractor License No. _____ (Issued by Dept of Labor and Industries)

☐ Copy of License Attached

☐ Partnership ☐ Corporation ☐ Single Proprietor
(if partnership, list all partners, if corporation, list all officers) Attach additional sheet if necessary

	Name	Address	Phone
1.	_____	_____	() _____
2.	_____	_____	() _____
3.	_____	_____	() _____

PART II- Pumper Category (or Categories) Applied For:

☐ OSS Pumper ☐ Grease Trap/Interceptor Pumper ☐ Other _____
☐ Vessel Sewage Holding Tank Pumper ☐ Portable Toilet Pumper

Part III – Continuing Education Training

List training courses you have attended within the past 12 months (Attach additional pages on training if necessary)

Date	Name of Training Course(s)	Location

PART IV FEES

Business owner.....() X \$100.00 = _____
Pumper Employee(s).....() X \$50.00 = _____
Exam Fee.....() X \$25.00 = _____
Vehicle Inspection Tab Fee.....() X \$25.00 = _____
Total Fees.....= _____

PART V - Signature

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY ON-SITE SEWAGE CODE, TITLE 13, CODE OF THE KING COUNTY BOARD OF HEALTH, AND AGREE TO PUMP, TRANSPORT AND DISPOSE OF LIQUID WASTE IN ACCORDANCE WITH THE ABOVE REQUIREMENTS.

I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE REVOCATION OF MY CERTIFICATE OF COMPETANCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

Signature of Business Owner _____ Date _____

For Health Department Use Only:

Test Score _____ (i.e., for new business owner applicants) ☐ Fee Paid \$ _____
Remarks: _____ Approved ☐ Disapproved

_____ Date _____
Health & Environmental Investigator